

HFNY FASD Prevention Questionnaire

Primary Caretaker 1's Identifier					Home Visitor's Name					
□	□	□	□	□	□	□	□	□	□	
Last Name (3 let)			FI	Birth Date (Month/Day/Yr)			Date of Intake (Month/Day/Yr)			
Date form completed					FASD interval (Indicate target child's age)					
□	□	□	□	□	<input type="checkbox"/> Intake <input type="checkbox"/> Birth (if Prenatal Intake) <input type="checkbox"/> 6 months old <input type="checkbox"/> 1 year old					
Month		Day		Year						

One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces (one shot) of 80-proof spirits.

1. On how many days did you have a drink containing alcohol in the past 30 days? ____ *[If 0, skip to Q4]*
2. When you were drinking in the past 30 days, how many drinks did you have on a typical day? ____
3. How often did you have 4 or more drinks in one day (in the past 30 days)? ____
4. Are you currently pregnant? YES ____ NO ____
5. Did you use any type of birth control during the past 30 days?
 YES ____ *[continue questionnaire]*
 NO, not sexually active ____ *[end of questionnaire]*
 NO ____ *[end of questionnaire]*
6. What types of birth control have you used during the past 30 days? *[Circle two methods that were used in past 30 days]*

COLUMN 1 A. Rhythm B. Withdrawal C. Douching D. Breastfeeding	COLUMN 2 E. Diaphragm F. Cervical Cap G. Cervical Shield H. Condoms I. Sponge J. Spermicide (foam, cream, jelly, film, suppository) K. Emergency Contraception (morning after pill) L. Oral Contraceptive Pills M. Patch (Ortho Evra), Vaginal Ring (NuvaRing) N. Shots (Depo-Provera) O. Implants (Norplant) P. IUD Q. Sterilization
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[Ask Q7 only if answer to Q6 is in column 2 (E through Q)]

7. How often did you use birth control *[specifically mention methods E through Q that are circled in Q6]* in the last 30 days? ALWAYS ____ SOMETIMES ____

Date Form Submitted	Reviewer's Initials	Date of Data Entry	Initials of Data Entry Operator
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